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FACSIMILE TRANSMITTAL SHEET

18 April 2003

TO EXAMINER: Jessica Roark, Ph.D. **FAX No.:** 703-746-5174
GROUP ART UNIT: 1644 **Phone No.:** 703-605-1209
FROM: Gary D. Colby **Tel.** 215-979-1849

USER NO.: 0306 **File No:** E0596-00001
RE: U.S. Ser. No. 09/531,088 **Confirmation No:** 5277

For "CD-18-Binding Antibodies and Use Thereof for
Inhibition and Alleviation of Stenosis-Related Symptoms
and Disorders"

Applicant(s): Christopher J. Horvath

PAGE 1 OF 45

Please refer to the enclosed Transmittal Form for a list of the enclosed documents.

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NOTE: Original will NOT follow

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PTO/SB/21 (01-03)

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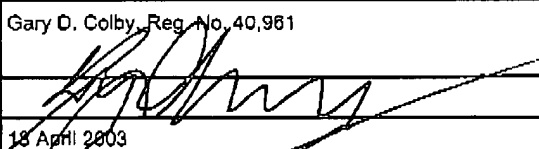
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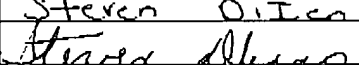
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/531.088
	Filing Date	18 March 2000
	First Named Inventor	Christopher J. Horvath
	Art Unit	1644
	Examiner Name	Jessica Roark, Ph.D.
Total Number of Pages in This Submission	45	Attorney Docket Number
		E0596-00001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Gary D. Colby, Reg. No. 40,961
Signature	
Date	18 April 2003

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